(c) The increased biotic pressure, degradation & reduction in natural grassland habitat are the main reasons for the decline in Bustard population in the State.

(d) The important steps taken by the Government to protect the Great Indian Bustard are as follows:

(i) The Great Indian Bustard (*Ardeotis nigriceps*) is included in the Schedule-I of the Wildlife (Protection) Act, 1972 thereby affording them highest degree of protection.

(ii) The Wildlife (Protection) Act, 1972 has been amended and made more stringent. The punishments in cases of offences have been enhanced. The Act also provides for forfeiture of any equipment, vehicle or weapon that are used for committing wildlife offences.

(iii) The important habitats of Great Indian Bustard have been declared as Wildlife Sanctuaries for protection of the species and its habitat.

(iv) Financial assistance is provided to the State Governments for protection of the species and its habitats.

(v) The field staff have been alerted to be on the look for any poaching activity in their jurisdiction.

(vi) Wide publicity is given on provisions of the Wildlife (Protection) Act, 1972 against poaching.

(vii) A number of enclosures have been made in the Desert National park to provide protection to the species.

Monitoring of drug quality

†487. SHRI JAI PARKASH AGGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any mechanism to monitor the quality and standard of the drugs in the country;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

† Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) Yes, Sir. The Drugs & Cosmetics Act, 1940 lays down the standards for drugs in the country. There exists a mechanism under Drug and Cosmetics Act, 1940 and Rules thereunder for a regular inspection of manufacturing premises and sales premises by the drug inspectors appointed by State and Central Govt. The quality of drugs available in the market is also ensured by way of random sampling of drugs drawn from retailers, wholesalers and hospitals by the Drug Inspectors and forwarded to testing laboratories notified for testing of above drugs by Central and State Government.

Availability of modern medical facilities to BPL people

488. SHRIMATI S. G. INDIRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that more than 26 crore population in the country living below the poverty line is not in a position to afford medicine and medicare facilities;

(b) whether it is also a fact that only a certain percentage of people could afford modern medical facilities now available in the country while even essential drugs and basis health care are outside the reach of common man; and

(c) if so, the steps being taken to dispel these disparities?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) Inspite of the large health delivery system in the public sector, a large proportion of people below the poverty line, especially in remote and inaccessible areas often face lack of affordable and equitable health care.

To provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population the National Rural Health Mission (NRHM) has been launched by the Government on 12.4.05. It is being operationalized throughout the country, with special focus on 18 states which includes 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan), 8 NE